

Application form for final payment of Balance in the Provident Fund as per GPF (CS) Rules
1960.

FORM 2

Form of application for Final Payment of Balance in the Provident Fund account of a
Subscriber to be used by the nominees or any other claimants where no Nomination
subsists

To

The Accountant General
Agartala, Tripura West

(Through the Head of Office)

Sir,

It is requested that arrangements may kindly be made for the payment of the
accumulation in the General Provident Fund Accountant of Shri/Shrimati

_____ . The necessary particulars required in this connection
are given below:

1. Name of Government Servant
2. Date of Birth
3. Post held by the Government Servant
4. Date of Death
5. Death in the form authorities issued
Municipal authorities, if available
6. Provident Fund Account No. allotted to
The subscriber
7. Amount of Provident Fund money standing
To the credit of the subscriber at the time of
His death, if known.
8. Details of the nominees alive on the date of
Death of the subscriber if a nomination subsists.

Name of the Nominee	Relation-ship with the subscriber	Share of the nominee
.....
.....

(Contd.P/2)

9. In case the nomination is in favour of a person other than a member of the Family, the details of the family if the subscriber subsequently acquired a family.

Name	Relation-ship with the subscriber	Age of the date of death
(i)
(ii)
(iii)

10. In case nomination subsists, the details of The surviving members of the family on the date of death of the subscriber. In the case of a daughter son of the subscriber, it should be stated against her name when then her husband was alive on the date of death of the subscriber.

Name	Relation-ship with the subscriber	Age of the date of death
(i)
.....		
(ii)
.....		
(iii)
.....		

11. In the case of amount due to a child whose mother (widow or subscriber) is not a Hindu, the claim should be supported by indemnity Bond or guardianship certificate, as the case may be

12. If the subscriber has left no family and no nomination subsists, the names of persons to whom the provident Fund money is payable (to be supported by letter of probate of succession certificate, etc)

Name	Relation-ship with the subscriber	Address
(i)		
(ii)		
(iii)		

13. Religion of the claimant(S)

14. The payment is desired through the office of _____

_____ Through the _____

Treasury/Sub treasury. In this connection The following documents duly attested by Gazetted officer in service/Magistrate are Attached

- i) _____ of identification Personal marks
- ii) _____ thumb are finger Left/Right hand
Impressions (in the case of illiterate Claimants)
- iii) _____ signatures in duplicate (in the case of literate claimants) Specimen

Station

Dated

(Signature of claimant Full name and address)

6. Certified that no amount was withdrawn/the following amounts were withdrawn from his/her provident Fund account during the 12 months immediately preceding the date of his/her death for payment of insurance premia of for the purchase of a new policy.

Policy number and Name of the company	amount	Date	Voucher Number
1.
	
2.
	
3.
	

7. It is certified that of Government due for recovery

8. Certified that no advance/following advance sanctioned in terms of the Ministry of Finance Officer. Memorandum No. 10 (3)-E.V.(A)/63, dated the 1st November, 1965 is due for recovery.

Signature of the
Head of Office/Department